



**RIGHT TO KNOW REQUEST FORM**

Requestor's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Request Submitted by:    E-MAIL    U.S. MAIL    FAX    IN-PERSON

Address (Required): \_\_\_\_\_

City (Required): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Optional): \_\_\_\_\_

Information being requested (Please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want copies? YES or NO

Do you want to inspect the records? YES or NO

Requester's Signature: \_\_\_\_\_

Forms may be mailed to 14 Dixon Avenue, Concord, NH or emailed as an attachment to [mlatham@nhcdfa.org](mailto:mlatham@nhcdfa.org).

\_\_\_\_\_  
(PLEASE DO NOT WRITE BELOW THIS LINE.)

RIGHT TO KNOW OFFICER:

DATE RECEIVED:

FIVE (5)-DAY RESPONSE DUE: